

## Supporting clients/patients with PTSD to participate in good work

## Continuing Professional Development Learning Record

Complete and save a copy of this form to create your own record of CPD you've undertaken or to further embed your learning. Please note, MHPN is unable to provide Statements of Attendance for viewing webinar recordings or listening to podcasts.

Your details Your name: Date completed:				
			Activity Name:	Supporting clients/patients with PTSD to participate in good work
			Learning outcomes	<ul> <li>Identify the challenges for PTSD patients engaging with and participating in the workplace, including phobic avoidance, anxiety symptoms and co-morbid conditions.</li> <li>Discuss practitioner challenges in helping PTSD patients to leverage the health benefits of good work, including how to constructively engage with the workplace and other stakeholders.</li> <li>Discuss the risks and opportunities for patients/clients with PTSD participating in work.</li> <li>Recommend ways to manage safe and sustainable work participation for patients with PTSD, including the options and resources available to support work participation.</li> </ul>
Time spent engaged in the activity:				
	(including completing this form)			

## After watching or listening to the activity, consider the following:

1. What were three key messages that were covered in the activity?

2.	Identify your learning goal and how the activity's co	rning goal and how the activity's content aligned with that goal.		
7	What actions are you coing to take to use the learni	ngs to improve and/or change your practice? For		
٥.	<ul> <li>What actions are you going to take to use the learnings to improve and/or change your practice? For xample:</li> <li>Explore the topic further in a supervision session or with a peer/colleague</li> <li>Identify and read the latest research</li> <li>Undertake additional courses, study or training</li> <li>Search MHPN's webinar or podcast libraries for more PD content</li> </ul>			
	Join an MHPN network to connect with other pra			
4. Please note any other reflections on the topic or activity.				
	ental Health Professionals' Network BN 67 131 543 229	Please note, this form is for your own records. MHPN is unable to provide Statements of Attendance for viewing webinar recordings or listening to podcasts.		